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LECTURES.

BOSTON CITY HOSPITAL: CLINICAL LECTURE NO. III.

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Traumatic Aneurism. — GENTLEMEN: This patient is a girl aged twelve years. She was brought to the hospital on the 27th of October. Five weeks previous to her entrance she accidentally drove a pickle-knife into her thigh at its middle third. At the time of the accident a physician was called, who checked the bleeding by drawing the lips of the wound together by means of plaster. In a few days the thigh began to swell and pain increased. This condition of things still existed when she entered the hospital. The thigh was very painful, and there was a large, hard swelling which extended from a point two and one half inches below Poupart's ligament to the condyles of the femur. The tumor was firm, reddened in spots, tender, and slightly fluctuating. The signs made us suspect that it was a diffused suppuration under the fascia lata. I made an exploratory incision about an inch long and introduced a grooved director, but no pus followed. I then passed my finger into the wound, and it entered a large cavity filled with soft, spongy masses; on withdrawing the finger there issued numerous soft, black clots, and a pale, pinkish fluid which looked neither like blood nor pus. We soon saw, however, that it coagulated in the basin, showing that it was blood and consequently that a hæmorrhage was going on. A further proof was that upon compressing the femoral at the margin of the pubes the flow ceased; on relaxing the pressure it recommenced.

This revealed the true nature of the swelling. It was a traumatic aneurism connected either with the femoral or one of its large branches. It was evident that during the five weeks following the accident an enormous amount of blood had been gradually effused into the cavity, by repeated leakings. The child, previously anæmic, still under ether, grew very feeble, and was supported by an enema of brandy and water. Meanwhile a twist of rubber tubing was put around the top of the thigh, over a roller which covered the femoral artery just at its emergence

from beneath Poupart's ligament. Delay being criminal I at once cut freely into the swelling, making an incision five inches long. A small amount of bloody fluid escaped. Just below the fascia lata was found an immense organized clot, which looked like a heart; also many smaller clots in various stages from fresh to organized. The whole mass of coagula weighed one and a half pounds. Having carefully removed these clots I reached the femoral artery, and found that it had an oval opening, rounded by effused fibrin, and just opposite the site of the original puncture made by the pickle-knife five weeks before. With ligatures I secured the femoral above and below the opening and washed out the cavity. During the previous weeks collateral circulation had been pretty well restored in the foot.

The femur was found to be denuded of the tissues which ordinarily surround it, though the periosteum, except at one spot, was intact. The patient was put upon stimulants, milk, strong beef tea, and iron.

On November 3d a small slough was found on the little toe of the affected limb. Suppuration from the wound was considerable.

On the 5th of November the ligatures began to come away.

With the exception of one small point the wound is now healed (December 16th). It is kept open at this spot by the condition of the bone, which at one point is rough and denuded of periosteum. The little toe is partially sloughing, and is quite black on its plantar surface. The sloughing process has chosen this toe probably because from the beginning the position of the leg has been such that the foot has rested almost entirely upon its outer side.

The girl looks brighter; her color is comparatively good; her gums begin to show the beneficial effect of the iron, and her appetite is increasing. She has good motion in the wounded leg.

In this connection, by way of illustration, I will mention two other similar cases.

Some years since a carpenter fell from a staging and struck the corner of a hatchet into the middle of his thigh. The wound was dressed and closed up. When he was brought to the hospital, a few hours later, I found an oval tumor at the seat of injury. Opening the wound I removed from beneath the fascia lata a clot as large as a duck's egg, and secured the bleeding vessel, which was the anastomotica magna.

Last evening I was called to a little boy three and one half years of age, who, one week before, had fallen from a bench and struck upon his thigh. There was no fracture produced. I found him delirious, typhoidal, with an erythematous eruption, and a pulse of 180. The thigh was enormously swollen and fluctuating. With a small trocar I punctured the quadriceps muscle, just above and to the inner side of the knee, and drew off six ounces of thick pus.

The case of the carpenter was one of commencing traumatic aneu-

rism. The case of the little boy was one of rapid and very severe cellular abscess.

Weeping Sinew. — When we compare the two hands of this woman we notice a decided swelling on the back of the right hand. Our first question is as to the nature of this swelling. It is oval in form, irregular in outline, and, as there is fluctuation, it evidently contains fluid. In this location the probabilities are in favor of a bursa-like cyst of the tendon, commonly called "weeping sinew." I like this term better than the word "ganglion." It is more descriptive of the pathology of the swelling, which is of the same general character as that in housemaid's knee or that of enlarged bursæ in any portion of the body. This affection is more frequent in females than in males, because the female structure is weaker. Sometimes this form of swelling communicates with the wrist-joint, or extends among many tendons and under the annular ligament, in either case being exceedingly troublesome. In the patient before us there is no such connection. If there were I could force the contents of the tumor back into the wrist-joint. My fingers, however, make no impression upon it, so that undoubtedly it is a sac connected with the extensor tendons. Notice how it is overrun with veins. It is one and three fourths inches long and three fourths of an inch wide.

Sometimes these tumors go away of themselves, as, for instance, in a young person who has a soft swelling on the wrist, the result of a sprain; it will perhaps disappear. But this is not the common history. The exciting cause varies. It may be a strain or overwork. The swelling occasionally comes on in those who play the piano. In this case the husband thinks that playing the guitar was the cause of the tumor. Now, the question is as to how we ought to treat the difficulty. The old-fashioned way was to break the cyst with a book, and thus disseminate the contents under the skin. What we wish to do is to empty the cyst, prevent the entrance of air, and set up adhesive inflammation. The danger is lest cellulitis be caused by admitting air or by a treatment too irritating; as, for example, by a seton. I propose to break up the cyst subcutaneously with a tenotomy knife, and then press out the fluid, for there is no use whatever in any treatment which is not thorough. I have advised the patient to submit to the form of treatment in which we let out the contents of the cyst, force the walls together, and afterward put the hand on a splint. The trouble might be cured by a seton, by breaking, or by laying open the cyst with a knife, but all these procedures are attended with danger.

I take a tenotomy knife and puncture the cyst. The fluid which flows so freely is the same as that which issues from a bursa or synovial cavity, and is evidently synovial fluid. Before it has all escaped and the cyst has collapsed, it is wise to put in the knife again and break up the

cyst. Here are gelatinous clumps in the fluid which are going on to form bodies much like melon seeds. It is they which give the swelling its semi-solid feeling. With the exception of some thickening of its walls the cyst seems to have quite disappeared. We now apply pressure in the shape of a disk of wood bound with lint, and bandage the hand and fore-arm to a splint. I am in favor of keeping the hand perfectly still for one week. Then we will open the dressings to see how it looks. If, however, the hand inflames so rapidly as to throb we will remove the bandage sooner. This will probably not be necessary. All methods of curing this lesion may fail the first time they are applied, and, as I have said, the swelling may go away of itself.

Fracture of the External Condyle of the Humerus. — Our next patient is an engineer, and is a strong, middle-aged man. Last night by a misstep he fell a distance of about five feet, striking the elbow on the outer condyle, and he complains only of the pain in this locality. Without ether any examination of the limb would be unsatisfactory. By using force we might flex the limb, but it is now held so spasmodically, by the powerful muscular contraction over which he has no control, that we must etherize him in order to relax this spasmodic condition.

The diagnosis of injuries about the joints is always very difficult. Our first step should be to give ether, and thus unlock the muscles; and this should be especially done in examining children who have fractures; for without ether their fear and struggles render it impossible to make a satisfactory examination.

In this case the blow struck the outer condyle of the humerus, and it is here that we look for the injury. If the patient had fallen on the floor he probably would have struck the olecranon. He is now under the influence of ether. When I compare the two arms I find that the injured limb has good motion; yet the injury probably partakes of the nature of a fracture rather than of a dislocation; for, while the left arm, on being moved laterally, is perfectly firm, the right fore-arm swings laterally. By grasping the patient's wrist with one hand and holding the thumb of my other hand over the seat of the fracture, and then rotating the fore-arm of the patient, I find that the head of the radius rotates normally and is entire. But a rough bony grating is felt above it. The olecranon is firm, the humerus is uninjured, as one can tell by rotation. There is no dislocation, but a fracture of the external condyle. We look for the fracture at a point corresponding to the site of the injury. The head of the radius rotates all right, and as the external condyle of the humerus is opposed to it we decide by the crepitus at this point that the condyle is fractured.

We will place the arm, somewhat supinated, on an internal angular splint, and keep it thus three to four weeks, moving it gently once every seven days. We complete the dressing, and make everything

firm before the patient comes out of his insensibility. He will then be comfortable, and cannot get the dressing out of place.

The question now is, Has the injury gone far enough into the joint to cause anchylosis? I think not. The probability is that we shall get union and fair motion.

Hydrocele. — This man has a swelling of the scrotum, which began seven or eight weeks ago. What is the nature of this trouble? Here is a hard, globular swelling, tapering toward the abdominal ring and terminating there. No impulse is communicated to the swelling by cough, proving that it is not a hernia, which would receive an impulse from a cough, and would disappear when the patient lay on his back. The swelling fluctuates; the testicle lies at the posterior portion of the sac. We have here what is known as hydrocele. The treatment consists of puncture with a trocar and evacuation of the fluid which distends the scrotum. In this case I use a small trocar, because the patient does not wish to stop work. The testicle, as you will see, is at the back, so that if we tap in front we are sure to avoid this organ. This operation can be safely done in your offices, and the patient can afterward go home without any inconvenience. I advise this man to wear a firm suspensory bandage for relief, and also to prevent a rapid refilling of the scrotum. Refilling usually takes place within a few weeks or in from four to six months. It is not well to pull out the canula too soon. If the procedure be not painful, we should manipulate the swelling at every part, and thus milk out the whole of the fluid. This will make the sac less liable to refill soon.

Two or three days ago a patient whom I had tapped one year before came to my office with a hydrocele. Refilling had taken place, and the parts now showed a curious condition of things. While turning in bed he accidentally squeezed the hydrocele between his thighs. The sac broke, and the contents became disseminated in the cellular tissue. The whole form of the swelling changed. A hydrocele became converted into an hæmatocele and a diffused dropsy. A rupture of this sort sometimes sets up adhesion and brings about a cure. I advised this patient to remain several days in bed, and then wear a firm suspensory bandage.

Puncture of the hydrocele should not be followed by bleeding. This would be unusual. We now strap the scrotum of the patient before us and apply the suspensory bandage.

—— This patient comes to us requesting what is called the radical cure. His hydrocele was tapped six weeks ago, and has partially refilled. He now wishes to be cured. The swelling is large, pear-shaped, and very full on the left side. The left testicle is felt behind. On compression above, the fingers meet around the ring, finding no neck to the swelling. No impulse is communicated by cough. This is a tumor with

thin, translucent walls and filled with fluid. In what way can we effect a radical cure? In several ways: *first*, by injecting the tincture of iodine and then rubbing it about in the sac; *secondly*, we might cut open the cyst and let it heal by granulation; *thirdly*, draw a seton through it; *fourthly*, there is the French method, which consists in drawing off half the contents of the sac and substituting absolute alcohol. This method is sometimes successful, but the iodine injection is the best treatment. To lay open the scrotum is dangerous, because of possible sloughing; and the seton treatment is long and troublesome. One way of using the iodine is to inject a mixture of equal parts of tincture of iodine and water, and then draw it off again. Another method is to inject a small quantity of strong iodine, and allow it to remain in the sac. Before injecting, push the canula well up to its neck in the sac, so as to be sure that no iodine penetrates into the cellular tissue of the scrotum, where it might cause sloughing. The injection of iodine may in some cases be followed by severe pain, extending up the cord, confining the patient to his bed for a fortnight. I shall inject the ordinary tincture of iodine, of the undiluted officinal strength. I use one drachm and leave it in the sac. The patient must not walk after the operation, but must be put to bed to prevent the iodine from running out. If all goes as we wish, in twenty-four hours there will be a smart inflammation followed by adhesion of the opposite walls of the sac.

AIKEN, SOUTH CAROLINA, AS A HEALTH RESORT.[1]

BY ARTHUR H. NICHOLS, M. D.

It is only within the past quarter of a century that the influence of different climates and atmospheric phenomena upon the human organism in health and disease has been systematically studied; and even now this important agent continues to form a branch of therapeutics consistently and uniformly overlooked both in our text-books and medical schools. The physician is not unfrequently called upon to determine what climate is the most appropriate to the constitution and condition of different invalids, and to the particular disorders from which they are suffering, and it is therefore desirable that he should be somewhat familiar with the climatic characteristics of the prominent health resorts.

Until within a few years the watering-places of Southern Europe have held out superior advantages in the way of hotel accommodations, hygienic cookery, refined society, picture-galleries, and club rooms, — all valuable adjuncts in the treatment of despondent, depressed invalids, — and have therefore attracted the mass of those able to travel in

[1] Read before the Norfolk District Medical Society, November 13, 1877.

search of health; whereas the absence of such sources of diversion in our American resorts, their lack of easy accessibility, the dearth of trustworthy physicians, and, finally, the little attention paid by our native hotel proprietors to gastronomical science, have hitherto contributed to render American sanitaria unattractive to strangers, especially those suffering from impaired digestive functions. Since the close of our civil war, however, a very decided change for the better has been effected in the character of the larger health resorts of the Southern States, an improvement attributable partly to the influx of Northern capital, by means of which numerous well-equipped hotels have been started, and partly to the greater facilities for travel afforded by newly-built railroads and the introduction of that luxury of travel, the Pullman car; and as one result of this change the tide of European travel has been already in a measure stemmed. To-day the invalid who shrinks from the discomforts of an ocean voyage can go in one vehicle without change from Boston to South Carolina or Georgia in a journey of but forty-eight hours, while at the more frequented sanitaria, and notably at Aiken, St. Augustine, and Jacksonville, will be found commodious hotels answering every reasonable hygienic requirement, furnished with good taste, and capable of supplying a sound, well-ordered repast.

It was the fortune of the writer to make a short visit to Aiken in the month of January, 1877, and the following facts relating to the climate of this locality, which now takes front rank in the list of American health resorts, were collected in part upon the occasion of this visit, and have been in part drawn from the detailed description contained in a *brochure*[1] recently published by Dr. Wm. H. Geddings, one of the resident physicians of the place.

The prominent characteristics of the climate of Aiken are its mild winter temperature, with an abundance of warm, sunny days; a dry, bracing air; freedom from malaria; and comparative immunity from fogs and frosts. During the months from November to April inclusive, which constitute the season for Northern visitors, rain falls upon the average but forty-one days, whereas the number of rainy days during the same period at Pau is fifty, at Palermo fifty-eight, at Madeira sixty-two, and at Rome sixty-five; Nice and Mentone show a smaller number, namely, thirty-one and thirty-eight respectively. The temperature of Aiken bears a close resemblance to the principal health stations of Southern Europe. The mean temperature of the three months November, December, and January is 48.53° F., or one and a half degrees lower than Nice, Cannes, and Mentone (50°), and six and a half degrees higher than Pau (42°). The months of February, March, and

[1] Aiken as a Health Station. By W. H. Geddings, M. D. Charleston, S. C. 1877. 8vo, pp. 31.

April give a mean temperature of 55° F., which corresponds exactly with that of Nice for the same period, and is three degrees higher than that of Mentone. As regards equability it is shown by the reports of the signal officers that the mean diurnal variation in the temperature is less than that of any other health resort of importance in the United States with the exception of San Diego. In this respect, however, it must be admitted that the sanitaria of Europe possess an advantage. The distinguishing feature of the American climate, taken as a whole, as compared with that of Europe is its *changeability*, manifested in the irregular disturbances and variations that occur in the temperature, winds, humidity, quantity of rain, and cloudiness ; and in Aiken abrupt transitions from heat to cold, and *vice versâ*, are not unfrequent during the winter months, which, if not guarded against, are apt to prove serious sources of danger to the invalid. During January and the greater part of February there are occasional days when the thermometer falls below freezing-point. Once or twice each year a slight flurry of snow may be seen, the flakes melting as they fall ; and once in five or six years the ground may be whitened with snow for a day or two. The contingency of the prevalence of cold weather is amply provided for, however, within the houses, and I was particularly pleased with the appearance of the generous open fire-places everywhere met with, flanked by piles of oak and pine logs; stoves when used at all being very properly consigned to the halls.

Aiken is charmingly situated upon the brow of a hill elevated about six hundred feet above the sea, overlooking immense evergreen pine forests, and distant but seventeen miles from Augusta, Georgia. The soil is a loose, coarse sand, white and clean on the surface, but mixed with clay, and of a variegated hue in the lower strata. Where the railroad penetrates the hill the lower strata of clay and sand have such a uniform deep-red hue that the sides of the cutting bear every appearance of having been recently painted. It will thus be evident that nothing could insure more perfect drainage than this elevated situation combined with a most porous soil. The sandy soil serves, moreover, to absorb rapidly the rainfall as well as atmospheric moisture, and thus contributes to render the air dry. The dense forests that surround the town furnish attractive drive-ways, and, what is of greater importance, they exercise a considerable influence upon the climate, affording protection against the strong winds of winter, increasing the amount of rainfall, and mitigating the intense heat during the summer. I was also impressed by the resinous or balsamic odors with which the atmosphere was constantly impregnated by the neighboring pines, resembling, it is said, the peculiar odor that prevails at Bournemouth, England, and the Isle of Pines, lying south of Cuba. It was thought by several invalids whom I met that the odors thus exhaled exercised a favorable

influence in certain disorders of the air passages. It is possible, moreover, that these adjacent forests, by giving out large quantities of oxygen from their leaves, tend to neutralize any miasmatic effluvia approaching from the insalubrious lowlands, and thus afford an insurmountable barrier to the malarious diseases prevalent along the coast. The elevated situation of the place also plays, doubtless, a part in freeing the air from those organic particles which are supposed to promote putrefactive changes, and in thus rendering it clear, pure, and hence *antiseptic*. Aiken may be classed, then, with Mentone, Nice, Pau, and Madeira among the dry, tonic climates, which produce a bracing, exhilarating effect upon the body, stimulating the functions of the animal economy, favoring the pulmonary and cutaneous exhalations, and tending to deplete the internal organs. It will be understood, therefore, that the therapeutic effect of the air of Aiken would be quite the opposite of that produced by the atonic or relaxing climates such as prevail in most parts of Florida, Cuba, the Bahamas, and Bermudas, the atmosphere of these latter localities being characterized by the habitual presence of a large amount of moisture combined with a high temperature, which tends to produce a feeling of bodily lassitude and mental depression, and has the effect, especially in certain lung affections, of aggravating internal congestion and inflammation.

Dr. Geddings admits that the drawback of the climate, as compared with the Mediterranean resorts, consists in its variability, but contends that this disadvantage is counterbalanced by its greater dryness and the larger extent of country presented to the invalid for walks and drives. For a list of the various disorders for which the air of Aiken is especially commended the reader is referred to the interesting work itself. It may be briefly stated, however, that this climate is particularly indicated in all diseases characterized by anæmia or an impoverished blood, or by a deranged digestion; in bronchitis, where there is a fair amount of secretion; and, finally, in the early stages of pulmonary consumption in its various forms, excepting acute tuberculosis and laryngeal phthisis. There exists another large class for which this tonic air is peculiarly appropriate. It includes those who are making slow or imperfect recoveries after fevers, or who, suffering from no special ailment, require a change of air and relaxation from the cares and anxieties of business life. With this class of patients the natural tendency to spontaneous cure is favored by exposure to a bright sun and cloudless sky in a mild temperature, but is checked, on the other hand, by prolonged confinement in the insalubrious air of furnace-heated apartments, still more contaminated by the impure emanations inseparable from our large cities. It is quite true that with such invalids a radical change of climate is not indispensable, and the principal advantage gained by a transition from a cold and damp region to a warm and dry one is attrib-

utable to the fact that they are enabled to enjoy daily exercise in the open air without incurring the risk of taking colds; whereas, remaining at home, they would be deprived of proper exercise, confined to a large extent within doors, and exposed to manifold depressing conditions, such as tend to produce indigestion, fatty degeneration of the muscular tissue, and hypochondriasis.

Aiken is contra-indicated, according to Dr. Geddings, in laryngeal consumption [1] and laryngitis on account of the dryness of the air, and for the same reason is inappropriate in bronchitis when attended with an irritable cough, with scanty, viscid expectoration. There are, moreover, certain diseases of the nervous system, characterized by excitability and irritability, not associated with much debility, where an atonic or sedative climate would undoubtedly prove more beneficial; and the same remark applies in that class of illnesses occurring more frequently to those in advanced years, where an enfeebled circulation fails to supply the requisite animal heat.

As a general rule, all visible indications of the damage inflicted upon any territory by warfare quickly disappear, but the greater part of South Carolina continues to this day to present a forcible picture of some of the results of our late civil strife, and the discreditable misgovernment with which it was supplemented. Deserted plantations, blackened ruins of farm-houses, dilapidated buildings, and prostrate fences all bear witness to the impoverishment of the people; and even in Charleston the same stagnant condition of affairs prevailed. In that city I observed that some of the oldest streets were quite destitute of pavement, and upon inquiry learned that the pavement formerly existing had been removed in the first year of the war, and employed in strengthening some of the defenses about the harbor; and the broad swath cut across the business portion of the city by the great fire of 1862 still retains its original outlines, almost no attempt having been made to restore the buildings then destroyed. Unlike the greater part of the State, however, Aiken presents an appearance of comparative thrift and prosperity. A unique feature of the town, and one which in the future must contribute to its sanitary advantages, is the magnificent scale upon which its streets are laid out, the width of the principal thoroughfares being one hundred and fifty feet, while the avenue upon which the principal hotel is situated has a uniform width of two hundred feet.

It is now generally conceded that in the treatment of certain diseases, notably in pulmonary complaints, asthma, whooping-cough, intermittent fever, and diseases characterized by dyspepsia, no more beneficial

[1] In a critical notice of the work of Dr. Geddings, contained in a recent number of the Medical Record, the erroneous statement is made that the air of Aiken is inappropriate for all consumptives, as well as for all diseases of the nervous system.

results can be obtained than those derived from a judicious change of climate; and yet the invalid should be made to understand that no climate either in the United States or Europe possesses all the physical qualities that could be desired. The winter and spring climate of Aiken, though greatly superior to that of our Northern cities, is by no means perfect, and the invalid, while seeking to avail himself of the health-giving influences afforded by the special advantages there offered, must at the same time be constantly on guard to eschew its disadvantages. Of the various sources of danger, the most prominent is that arising from exposure during one of the sudden transitions from heat to cold, which are not unfrequently encountered. It may not be superfluous, moreover, to warn the physician that diseases in all stages are not amenable to a change of climate. The serious error is too often made of sending away patients suffering from advanced organic disease attended, perhaps, with extreme physical weakness, and in no condition to sustain the fatigue inseparable from a long journey. In such cases an acute fever is produced by the inevitable exposure incident to traveling, and possibly some new inflammatory affection is developed, all of which more than neutralizes any benefit that could be derived from a residence in even the most appropriate climate.

Of Aiken it may be said, in conclusion, that its tonic, bracing climate differs in no essential particular from that of the health resorts of the Northern Mediterranean. The locality cannot fail in the future to enjoy a hygienic preëminence, for, while it indeed offers fewer sources of attraction than the foreign sanitaria, it is, on the other hand, much more accessible, and the comparatively low price at which a season can be spent there places its remedial advantages within the means of many whose moderate circumstances would preclude the idea of a foreign trip.

A CASE OF HYDROPHOBIA.

BY C. M. JONES, M. D.

Mrs. L. W. was a healthy woman of thirty-five. She had complained at times of palpitation, and had had occasional hysterical attacks, sometimes violent. On the 31st of last July, a black and tan terrier belonging to her had been irritated by children until he finally bit one of them. She was whipping him for this offense, when he seized the second finger of the right hand so tightly that force was required to break his hold. He was turned into the street, and two other children were bitten before he was killed. He was not at any time supposed to be mad. Two of the four had their wounds cauterized immediately. Mrs. W. and the remaining one, who was bitten in the face, had nothing done. Subsequently she appeared cheerful, though her mother thinks

that she was really nervous and apprehensive. She continued well till September 28th, when she complained of headache, which was of short duration; September 29th, she had intermitting chilly sensations, and a pain, rheumatic in character, most severe in the region of the right shoulder, whence it extended down the arm to the hand, and down the right thorax, not following the lines of any particular nerves. There was also pain in the region of the heart, for which a sinapism was applied. September 30th, the pain was less severe, and before night had entirely disappeared; she became, however, uneasy and nervous. She began to draw two or three quick, panting respirations at intervals. She took only some light food, towards night had some aversion to taking liquids, and was so much worried that she sought medical advice.

I was first called in the forenoon of October 1st. The patient was in bed, nervous, restless, much depressed, alternately sitting up and lying down, or turning from one side to the other. She was free from pain, complaining of palpitation. No nausea nor vomiting. Menstruating since yesterday. Bowels constipated. Every few minutes she drew the quick inspirations said to have begun yesterday, caused apparently by spasmodic action of the diaphragm. The breathing in the intervals was natural. When offered a spoonful of milk she took the spoon with averted face, hesitated a moment, carried it suddenly to her mouth, swallowed hurriedly, and threw the spoon from her. Generally, but not invariably, the spasmodic respirations followed the effort. There was nothing noticeable about the cicatrix. Face gloomy, not flushed. The temperature was normal to the touch. Tongue clean. Nothing unusual in throat. Pulse 75, natural. Nothing abnormal in lungs or heart. Bromide of potassium was ordered in frequent doses, and a laxative pill.

At six and ten P. M., her condition was essentially unchanged, though she expressed herself as feeling easier. She had taken the medicine regularly without difficulty, also a few spoonfuls of milk. She said she swallowed easier if pressure were made on her chest front and back, but the difference was not obvious on experiment. She continued to complain of palpitation. The vesicles described by Marochetti were not present. There was no sense of constriction or of a band about the neck or chest. Morphia was administered subcutaneously.

October 2d she was much worse. She had slept none. Had been very restless, sometimes getting up and walking the floor. Had sucked ice and taken a little lemon juice, otherwise nothing except the bromide. The frequent spasmodic respirations continued, and the intermediate respiration was faster. She appeared excited, gloomy, and anxious, but was rational. The face was much flushed. Pulse hard and irregular, about 100. Action of the heart tumultuous. She was not dis-

turbed by sight or sound of water, or by fanning. There had been thus far no convulsions nor real difficulty in swallowing a spoonful at a time. I ordered a mixture of bromide of potassium, chloral, and morphia, to be taken every hour till my return.

Towards noon, when about to take a dose of the medicine, she went into violent convulsions. When I arrived Drs. Page and Booth were already in attendance. She had been sitting with her feet in mustard water, with which she was rubbing her hands. She struggled somewhat, and required restraint. For a short time she had frequent clonic convulsions, some frothing at the mouth, and once or twice raised a little bloody fluid. Her face was livid, perspiration profuse, pupils large. She had an agitated, frightened look. She was quieted for a time by morphine subcutaneously. The previous peculiarities of respiration had disappeared. Fanning at this time disturbed her, though it did not cause convulsions. She was not affected by strong light. The clonic convulsive movements soon recurred at short intervals. If sitting on the bedside she would beat the floor rapidly with her feet, or the foot of the bed if lying down. Now and then she threw herself violently from side to side. Passed urine involuntarily. Heart very tumultuous, from 120 to 130. The pupils reacted, though appearing somewhat dilated. She became very delirious after the first convulsions, with only momentary lucid intervals. She talked rapidly, wildly, profanely, and indecently; said she would harm no one; ate a lozenge with apparent relish. There were no tonic spasms, impeded respiration, flow of saliva, nor spitting.

Against my advice she was removed to the City Hospital, where she was in charge of Messrs. Leland and Sheldon. She continued raving, and as she did not remain in bed the camisole was applied. She threw up several times, without retching, large quantities of a brown, slimy fluid. There was considerable saliva about the mouth, and she swallowed frequently, as one talking rapidly. A dose of bromide, which she refused, was put into her mouth, and she swallowed two or three times when her chin was drawn down. The muscles of her neck became rigid, her face was blue, and there was well-marked laryngeal spasm. The spasm having remitted, she gasped two or three times, and died about three quarters of an hour after entrance. Her mouth filled immediately with foam, which protruded from between her lips.

Throughout the whole of October 1st, the first day of my attendance, there was nothing in her condition, considered apart from the history, to excite alarm. Hysteria would have explained it all, but the history made hydrophobia the probable diagnosis, and the condition the next day and the speedy death afforded ample confirmation.

Autopsy. The autopsy was made by Dr. F. W. Draper sixteen hours after death. Rigor mortis unusually marked. Fingers rigidly

flexed, but not clenched. Face uniformly livid. Deep post-mortem staining (suggillation) over the entire posterior aspect of the body. Teeth closely joined. Frothy fluid escaped from the nostrils. Vessels of meninges of brain distinctly filled, but not distended with blood. Substance of brain apparently normal in its gross appearances. A drachm of clear fluid in each lateral ventricle.

Lungs healthy. Heart normal in size and in the firmness of its muscular wall. Right ventricle filled but not distended with mingled fluid and dark, clotted blood. Left ventricle contracted and nearly empty. Valves normal. The stomach contained about six ounces of a greenish-brown fluid of the consistency and nearly the color of pea soup. On the posterior wall at the cardiac end was a patch of finely disseminated points of ecchymosis about two inches in diameter. The spleen, kidneys, liver, and intestines presented nothing abnormal. The ovaries were small and shriveled in appearance. The uterus showed a small fibroid of the size of a filbert, projecting externally from the fundus. The lining membrane of the uterus was everywhere covered with a dirty-pinkish, semi-fluid material, which, being removed, left the mucous coat of normal appearance. The larynx showed nothing to indicate disease or mechanical obstruction within its cavity.

HYDROPHOBIA.

BY J. P. MAYNARD, M. D., DEDHAM.

THE apparently increasing frequency of this frightful and inevitably fatal disease ought to arouse the attention of the public to the urgent necessity of adopting such energetic means and effective measures as shall absolutely prevent all liability to its occurrence. It is hardly credible that at a public hearing, not long since, an individual could have shown such ignorance of medical science as to express a doubt of the existence of any such disease. In view of the possibility of such an absurd statement influencing the opinion of others who have no means of proper information, it becomes of the first importance that reliable statistics should be collected by all members of the profession reporting any authenticated cases that may fall under their observation.

For this purpose I will refer to the fact that the first case that came under my care was twenty years ago. The report was published at the time in the Boston Medical and Surgical Journal, October 15, 1857.

The second case, which I briefly condense, occurred in August, 1877. Mr. P. L., who had been bitten by a dog about six weeks previously, had been troubled for some two days with vague symptoms of distress: anorexia, lassitude, and lack of sleep, subsequently accompanied by difficulty of deglutition and slight spasmodic contractions of the throat.

Inspection of the fauces revealed neither swelling, redness, nor any morbid condition to explain the dysphagia which he exerted his utmost to overcome. The spasmodic action hourly increased in severity, with some flow of saliva from the mouth. The following morning there was an aggravation of all the symptoms. The saliva became more profuse, more tenacious and adherent to the mouth; the delirium was more pronounced, though readily checked when the patient was suddenly or loudly addressed. On the evening of the fourth day from the first apparent illness the pulse became extremely rapid, and, with the altered tone and hoarseness of voice, indicated the near approach of death, which took place the same night. The combination of all the symptoms was unmistakably pathognomic of this painful as well as inevitably fatal disease.

All unnecessary detail has been avoided in the report of this case, as in the incipiency, progress, and full development of the disease it was a perfect counterpart of the case reported and published in 1857, to which reference has already been made.

RECENT PROGRESS IN THE TREATMENT OF THORACIC DISEASES.[1]

BY F. I. KNIGHT, M. D.

On the Position and Mechanism of the Hæmic Murmur. — Dr. Balfour[2] gives an extended *résumé* of the various theories which have been held in regard to this murmur, and then his own idea about it. He says that inorganic cardiac murmurs have been classified by authors under two heads, — hæmic and dynamic. Hæmic murmurs have been regarded by all authorities as systolic in their rhythm, and by most as basic in position, and as produced by the passage of abnormal blood through a perfectly normal heart after a fashion which has been variously explained. Dynamic murmurs, on the other hand, though also systolic in their rhythm, yet have their position at the apex, are regurgitant in character, and are supposed to be produced by perturbed or defective action of the cardiac muscle itself, independently of any abnormality of the blood, which, however, probably always coexists.

Chlorosis, with the chlorotic cardiac murmur, is the typical example of the one class; chorea, with the apex murmur that so often accompanies it, the typical example of the other class. In the one set of cases the blood lesion is primary and paramount; in the other set the blood lesion is essentially secondary, though not always actually so, and it forms but one link in the chain of consecutive causes of the morbid phenomena. The essential lesion of the blood in both of these classes

[1] Concluded from page 212.

[2] London Lancet, September 15, 1877.

is deficiency in its nutritive qualities; and, in the latter class, we have superadded the exhaustion consequent upon almost incessant muscular action, or upon coexistent or preëxistent febrile disorder. This state of matters produces an enfeebled, relaxed, and flabby condition of the muscles, which, of course, is not confined to the external muscles, but extends also to the hollow internal muscles, which suffer proportionately to the work they have to do. In these conditions the heart necessarily participates, and we are not therefore surprised to learn that in fevers it sometimes becomes as limp as a piece of wet paper (Stokes, quoted from Louis), nor that in serious cases of chlorosis it is found to be considerably dilated (Bamberger, Friedreich, Wunderlich, Stark, etc.). Beau, in 1856, associated fevers of various kinds with chlorosis and other forms of hydræmia as causes of dilatation of the heart, pointing out that it was rational to attribute this dilatation to that peculiar alteration of the blood which is common to all these different forms of disease. Dilatation of the heart is, as was first pointed out by Stokes, and subsequently by Gairdner, and Bristowe, a very frequent cause of apex systolic murmur. Stark has shown that the dilatation of chlorosis may cause relative inadequacy of both auriculo-ventricular valves, while Parrot has given it as his opinion that the true hæmic murmur is always a murmur of tricuspid regurgitation. The chlorotic or typical hæmic murmur is thus shown to be invariably accompanied by a condition of heart which may give rise to a dynamic apex murmur; while, in the opinion of some, the so-called hæmic murmur is always of this character. The murmur of chorea originates in the same way as that of chlorosis and the eruptive and other fevers, namely, in the relative inadequacy of the auriculo-ventricular valves, the result of dilatation of the ventricles consequent on parietal debility.

How is it that the hæmic murmur of chlorosis becomes, in its later stages, an apex murmur of regurgitation, after having been in its earlier stage a basic murmur — apparently of obstruction? To this query Dr. Balfour thinks there is but one reply, and that is that at all times the murmur is due to ventricular dilatation, and the changes in its position of maximum intensity depend upon alterations in the heart itself. The left ventricle suffers first and most in chlorosis (Stokes and others).

From these preliminary explanations it is obvious that in chlorosis we may have a murmur at all the four cardiac orifices; but most observers will agree with Hayden that its most ordinary position is the base of the heart, and that it has no "definite line of propagation, as is the case with organic murmurs in this situation." This absence of any distinct line of propagation up the aorta, innominate, and carotid of course at once renders untenable the classic hypothesis of Hope, Bellingham, Potain, and others, who hold that the cardiac hæmic murmur is always aortic in its origin. Marshall Hughes, feeling the force

of this objection, was, Balfour believes, the first to suggest the orifice of the pulmonary artery as the source of the murmur, forgetting that under ordinary conditions any purely hæmic intracardiac cause of murmur must act at least as forcibly at the aortic orifice as at the pulmonary. And Marey did not improve matters by suggesting that the basic murmur was due to the formation of fluid veins at the aortic orifice, by the lowering of the tension within the aorta itself, because most observers are agreed that the murmur is at least as loud at the pulmonary orifice as at the aortic, while the accentuated pulmonary second sound indicates an increase of tension within that artery, a condition also proved to exist by the gradual development of dilatation of the right ventricle. The basic position of the chlorotic murmur in its early stage of course excludes Parrot's supposition of its being always tricuspid in its origin.

Skoda mentions that in cases of dilatation and hypertrophy of the right ventricle, dependent upon incompetence of the mitral valve, a systolic murmur is often audible in the pulmonary artery; this, he adds, is "perhaps" dependent upon softening of the internal coat of the dilated artery. This murmur has long since been recognized as of no infrequent occurrence in mitral regurgitation. Skoda's idea as to the causation of this murmur was not long maintained; it was not difficult to show that the internal coat of the pulmonary artery in these cases was not softened, and that its condition when this murmur had been present did not differ from that in those other cases where this murmur had been absent. Meyer endeavored to show that this murmur was produced by the propagation of the vibrations of the mitral valve to the wall of the pulmonary artery. But it is difficult to see why these vibrations should not be propagated to the aorta rather than to the pulmonary artery, which belongs to the other side of the heart. Bamberger supposed this systolic murmur, audible in the pulmonary area in cases of mitral regurgitation, to be due to an abnormal relaxation of the coats of the pulmonary artery. Naunyn appears to have distinctly made out that the position of maximum intensity of the murmur in these cases is not over the pulmonary area at all, but one or two inches to the left of it, and in the same plane, just where anatomy teaches us that the appendix of the left auricle comes up from behind. Naunyn therefore regards this murmur as propagated to the chest wall from the left auricular appendix, and he supposes the vibrations which constitute the murmur to be conveyed to the auricular wall by the fluid veins formed by the regurgitating blood at the auriculo-ventricular openings, which carry with them the vibrations originating at that orifice to the auricular wall upon which they impinge. Gerhardt, Paul Niemeyer, and Balfour accept this explanation of Naunyn. Although Naunyn has not specially referred to the chlorotic murmur as originating in this way, Balfour thinks it is not difficult to show that the history of the

development of this murmur, as well as its primary position of maximum intensity, fully confirm this theory of its causation. It is a difficult matter to explain why a murmur of regurgitation, which always originates at the auriculo-ventricular opening, should be at one time audible at the apex and at another at the base. But some approximation, at least, to an explanation may be attained if we consider that sounds are only audible vibrations, that in fluids these vibrations originate only at some part where the stream is constricted, and are not only communicated to the constricting walls at the point of origin, but are also carried with the fluid veins and transferred by them to any solid upon which they may impinge. In these circumstances it is obvious that a murmur of mitral regurgitation may be audible either at the apex or the base, according to the relative readiness with which its vibrations are transferred to the chest wall in either situation. If the vibrations are powerful they are readily propagated to the ventricle, and make their appearance as a distinct murmur at the left apex, which under most circumstances of mitral regurgitation comes more directly in contact with the chest wall than the auricle, — at first, at all events, — and it long continues to do so, because the cardiac muscle in these cases being fairly firm, consecutive dilatation is only very gradually developed. It is quite otherwise in chlorosis. In this disease residual dilatation is the essential lesion of the heart, and the murmur becomes developed only as a late result. By this time the left auricle, which very early commences to dilate, has become so enlarged that the appendix is frequently visible as a pulsating tumor between the second and third ribs on the left side, while the left apex is gone, separated from the chest wall by the dilated right ventricle lying in front. How trifling a dilatation of the right ventricle is sufficient to produce this displacement of the left apex, even in the normal state of the heart, may be readily ascertained by any one who places his hand over the ventricular area and holds his breath. In a very few seconds the left apex will be found completely to disappear, and that without any perceptible development of the impulse of the right ventricle. So it is in chlorosis; the right ventricle speedily becomes sufficiently dilated to displace the apex beat without its own impulse being developed in any marked manner, though that ultimately follows in due course. By this time, or soon after, the left ventricle is so dilated that during its systole the edges of the mitral valve are unable to meet, and regurgitation results. The fluid veins thus formed are of low tension, vibrations originating at the auriculo-ventricular orifice have little force, so that they are propagated but feebly to the wall of the left ventricle, which, in its turn, from its deep-lying position, transmits them with difficulty to the chest wall, where they become audible only as an impure first sound. On the other hand, these vibrations readily pass with the fluid veins to the wall of the left auricle, on which they impinge, and

the auricular wall being already somewhat tense from unusual dilatation, and being, also from the same cause, in more than usually close apposition to the chest wall, these vibrations are readily transmitted to it, and become audible as a soft murmur in the area of the auricular appendix, around which it is propagated to an extent commensurate with its own loudness and the resonance of the chest wall.

By and by, however, without there having been any disappearance or diminution of the basic murmur, the impure first sound at the apex becomes changed into a loud blowing murmur. This may occur in two ways: first, the dilatation and subsequent hypertrophy of the left ventricle may be so increased that the vibrations originating at the auriculo-ventricular orifice become forcible enough to become transmitted to the chest wall in the region of the apex; or, second, the right side may become so dilated that its apex occupies the normal site of the left apex, and a tricuspid may thus be mistaken for a mitral murmur. Both kinds of cases may be met with, and require to be differentiated one from the other.

The author admits that cases occasionally do occur in which we have — besides the auricular or other murmur which may be present — a distinct systolic murmur originating in the aorta, and probably the same thing may occur in the pulmonary artery.

The sequence of the cardiac phenomena in chlorosis, Balfour says, is entirely in accordance with the pathological view just propounded. We have first spanæmia, shown by the venous hum; then accentuation of the pulmonic second sound, indicating delay of the blood, resulting from residual dilatation; this is speedily followed by a systolic murmur in the auricular area, an inch or two to the left of the pulmonary area, and in the same plane where a distinct pulsation is usually to be felt and seen. This murmur is most readily propagated to the right from the resonant property of the sternum. With this murmur there is always associated an impure first sound in the mitral area, and in many cases this gradually passes into a systolic murmur. When the chlorosis is cured the signs disappear in a reverse order. This murmur may be heard in chlorosis, chorea, all the exanthematic and other fevers, in syphilis, in all conditions of spanæmia and exhaustion. It is the earliest detectable sign of dilatation.

Auricular Impulse. — Dr. G. A. Gibson publishes tracings of the auricular impulse in one case,[1] and also a paper[2] which is intended as a sequel to the one of Dr. Balfour on the hæmic murmur; his object is to illustrate by cardiographic tracings certain cases in which an impulse was observed over the situation of the left auricle, namely, in the second

[1] Lancet, September 22, 1877.

[2] Edinburgh Medical Journal, October, 1877; London Medical Record, January 15, 1878.

left intercostal space. His chief inference is that in no inconsiderable number of cases of heart disease the wave of regurgitation into the auricle, allowed by the incompetency of the mitral valve, is of such magnitude as to give both tactile and instrumental manifestations of its presence. His first tracing shows a simple systolic wave caused by the distention of the left auricle on regurgitation through the mitral orifice. It was developed during an attack of acute rheumatism, and was attended by a systolic bellows murmur over the mitral and tricuspid areas. In his second case there was an auricular pulsation in the second interspace, which followed "in order of sequence" a loud and blowing systolic murmur heard over the mitral and tricuspid areas. This case he regards as one of auricular dilatation from loss of blood. In his third case he refers the pulsation in the second left interspace to dilatation of the auricle, a sequel to vascular obstruction caused by general arterial atherosis. A harsh systolic murmur was heard over the whole præcordia, but was loudest over the seat of the auricular impulse. [We should think that the pulsation of the pulmonary artery, which normally lies in the second left interspace next the sternum, and which abnormally might be felt considerably farther out, would be, in many cases at least, eliminated with difficulty. — Rep.]

Climate in Tuberculosis. — Thaon,[1] who, being from Nice, will perhaps be considered a prejudiced observer, says that the value of a residence on the shores of the Mediterranean is established by a century's experience renewed every winter, whilst the claim for high altitudes, though worthy of attention, is recent, and not yet sufficiently established by statistics. He states the indications and contra-indications for the two climates so different from another as follows: (1.) The climate of the Mediterranean acts as a prophylactic in all cases; the high altitude only in patients with general atony, shallow chests, and torpid catarrh of the pulmonary mucous membrane. (2.) The climate of the Mediterranean cures consumptives, or prolongs their lives, and sometimes even checks the rapid course of the disease in the third stage; it suits all constitutions and temperaments, excepting the very excitable, agreeing with those from the torrid, temperate, or frigid zones.

The elevated region is also successful in all stages of phthisis, but patients from hot countries, as South America, must not be allowed to try it. [Thaon does not seem to know what remarkable popularity the valley of Jauja, ten thousand feet above the sea, enjoys with South Americans. — Rep.]

The elevated region is not so good for the scrofulous, as the sea air is injurious to the rheumatic, and dangerous to those who have laryngitis, diarrhœa, or disease of the kidneys. The indications for the high re-

[1] Allg. med. Central Zeitung, 97, 1877, from Transactions of the International Medical Congress in Geneva, 1877.

gion are therefore much more limited. (3.) One can get the benefit of both kinds of climate by passing one winter on the Riviera, and the next in a high altitude, or (4) more sensibly by passing the summer in the invigorating mountain air after having spent the winter by the sea.

PROCEEDINGS OF THE SPRINGFIELD SOCIETY FOR MEDICAL IMPROVEMENT.

G. S. STEBBINS, M. D., SECRETARY.

JANUARY 22, 1878. Dr. P. LeB. Stickney in the chair.

Puerperal Fever. — Dr. A. S. McClean read a paper upon this subject. He said that he approached the subject of "childbed fever" with much the same caution and distrust as that with which he grappled with his first case of labor. The motto "in time of peace prepare for war" the writer declared to be doubly appropriate for our professional banner. There may be but a single step from the chamber of joy and congratulation into that of gloom and apprehension, for puerperal fever in one or other of its forms may have set its seal upon our patient. The essayist chose to lay aside a perplexing nomenclature and adopt puerperal fever as the generic name, and proceed to the consideration of its malignant type. He gave it as his opinion that the poison which destroyed the woman in childbed and the infant in the cradle was one and the same. Malignancy is the sign that the fatal dose of the poison has entered the blood, it may be of man, woman, or child. Its manifestations may be those of scarlatina, diphtheria, erysipelas, malignant pustule, or typhus fever. The poison has found its affinity. The form of disease it assumes may be regulated by epidemic influences, together with that most curious susceptibility which in some individuals has its nidus ever ready, while in others it finds a nestling place occasionally only. The reader gave it as his opinion that malignancy depended upon the quality of the poison, the amount imbibed by the patient, and her peculiar predisposition. Hospital statistics might be adduced in support of the statement that they are prominent factors of the problem Under the head of malignant puerperal fever he reported the following case.

I was called to attend Mrs. C. in her second labor, which was natural; child medium size and vigorous; mother not a strong-looking woman, yet there was nothing in the case which caused any apprehension. While waiting I amused myself with the pranks of her two-year-old child, of remarkably healthy appearance. When I called the next day this child was in a convulsion, and in less than twenty-four hours was dead.

On the third day after her confinement the mother manifested symptoms of blood poisoning, characterized by great depression of the vital powers, internal congestions, the functions morbidly changed or suspended, the breasts, uterus, and all of the muscles flabby. Dark, unhealthy-looking blood oozed from her mouth and nostrils; pulse thready; stupor. Death took place on the fourth day after confinement.

Speculation may suggest whether the mother and child were contaminated at the same time and from the same source.

Simple Peritonitis. — Somehow or other the peritonæum in puerperal women does not seem inclined to circumscribe inflammation by throwing around it coagulable lymph, but permits it to spread in all directions. The same structure will, in surgical cases, we know, submit to pretty rough treatment without serious consequences. The distended and highly vascular peritonæum grows irritable during the latter months of pregnancy, when, becoming suddenly relaxed and unable to distribute its blood, depraved function sets in, and one spot more susceptible than the rest inflames; then how quick is the conflagration.

What proportion of my cases of puerperal peritonitis imbibed poison enough to have caused such mortality I know not. All that can be said is that they did not exhibit the usual symptoms of malignancy.

The case presented under this head is that of Mrs. S., a stout, healthy-looking woman in her second pregnancy. About a week prior to her confinement she fell on the icy sidewalk, upon her left side. This fact was mentioned incidentally after her labor (which was a natural one), and when she first complained of her side. On the following day she had a severe chill, which was soon followed by acute pain in a spot apparently covered by two fingers in the left hypogastrium.

Vomiting became frequent; the pain at times would dart like lightning from the spot mentioned, radiating over the side of the abdomen; extreme tenderness; mind wandering; tympanites; milk and lochia absent; pulse 130, and death on the fifth day.

Pelvic Cellulitis. — Inflammation frequently occurs in and about the uterine appendages, and for the want of a better name I will call it pelvic cellulitis. We know that subperitoneal cellular tissue is very scarce in the uterine region, and it would seem like one of nature's freaks to start inflammation in this tissue and overlook the structures so recently subjected to the wear and tear of pregnancy and childbirth, as well as to the transition back to the non-gravid condition, which for one month at least is full of dangers.

Mrs. S. was confined October 2, 1876. She was large and fleshy, and, as she expressed it, had been a sufferer from "spinal trouble" for many years. She gave birth to a large child after a very easy labor. No excessive flowing took place, as was the case during her previous labor. The uterus contracted well, the lochia ceased in due time, but no milk came. As she did not recover in the usual way I began to search for the cause. Soon my attention was called to her left groin by her complaint of a severe and constant ache, with tenderness. Fever of a subacute grade, accompanied by delirium, continued until the abscess pointed in the groin, and it was not until November 24th that she began to recover, making fifty-four days of anxiety to all concerned.

Uterine Phlebitis. — The great majority of cases of metrophlebitis are of traumatic origin, though the disease may manifest itself after a labor during which not the slightest apparent injury has been inflicted upon the womb or neighboring parts. I think we shall find usually upon investigation that the woman has for a long time suffered from uterine disease.

Mrs. T. was always a feeble girl, of rapid growth, tall and slender. All her functions during pregnancy had been languid. The labor, though her first,

was about as indifferent as all the rest of her operations had been. She took no notice of her child; there was no milk; the lochia became offensive; there was tenderness over the womb, with moderate tympanites, great prostration, diarrhœa, and all the usual typhoid symptoms. Death ensued.

Dr. Lambert reported a case of phlebitis attended with chills, great pain in the limb with swelling, suppression of lochia, etc. The limb remained swollen for several weeks, but the patient made a good recovery.

Dr. Lyman, V. S., said he had a great deal of peritonitis, chiefly of the traumatic kind, to contend with in cows. He was taught to treat all such cases strictly upon the antiphlogistic plan, with, however, very fatal results. Since treating them in accordance with the antiseptic theory there had been far less fatality.

Dr. P. LeB. Stickney reported several cases of simple puerperal peritonitis which presented the ordinary array of symptoms, and which terminated favorably.

Dr. G. C. McClean mentioned a case of peritonitis following abortion.

Dr. A. S. McClean reported a case of abortion which a lady produced upon herself with a whalebone. There was great flowing, and several weeks afterwards he was called in haste, as the woman was supposed to be dying. There was great pain and some swelling in the left groin. She persisted in getting up to use the chamber vessel, and when doing so there escaped a half a pint of pus from the bowel, after which the case went on to recovery.

Dr. Stebbins mentioned two cases of peritonitis of the traumatic variety, following abortion. The autopsy in each case revealed perforation of the uterine walls of sufficient size to admit the passage of an ordinary-sized pen-holder.

At the close of the discussion of the paper, Dr. De Beer, of Great Barrington, exhibited his steam atomizer, an apparatus for steam baths and making local applications. The society passed a vote of confidence, recommending Dr. De Beer and indorsing his apparatus as the best for the purposes designed which had yet been brought to the notice of the profession.

RADCLIFFE'S PROTEUS.[1]

THIRTY years ago this book might have made a great sensation, but it has come too late. A few weeks ago, when, in reviewing Parker and Bettany on the Skull, we rejoiced that careful study and embryological research had quite displaced the theories of the dreamers of the transcendental school of anatomists, we little thought to meet with a new work in the spirit of past error. Dr. Radcliffe writes well, and the book, moreover, is so evidently a careful production and a conscientious plea for what the author knows is an unpopular cause that one reads it with interest and criticises it with regret; though no china shop ever opened its door more invitingly to a bull than this book does its pages to a critic. The author's purpose is to show the existence of unity of principle in diversity of manifestation. He treats first of unity of form in plants and animals, then of unity of force. We shall discuss the former part

[1] *Proteus; or, Unity in Nature.* By CHARLES BLAND RADCLIFFE, M. D. Second Edition. London: Macmillan & Co. 1877.

at greatest length. The author has a great respect for Owen's homologies, and disregards other systems. His comparisons are vague and superficial. We are told that the radius and ulna clearly correspond to the two bones of the leg. But we would ask which bone to which bone, and which arm to which leg? Should the right anterior extremity be paired with the posterior one of the same side, or diagonally? Besides lateral is there antero-posterior homology? If one is going into the subject he has no right to shirk these questions, but Dr. Radcliffe simply says that the fore-arm corresponds to the leg. In other points, however, he is rather more precise. He tells us that the scapular and pelvic arches are of the nature of ribs, and that the limbs are costal processes. We have not much space to give to the chapter on the vertebral column and skull; suffice it to say that not only is the latter said to be made of vertebræ, but the eyes and ears and jaws are appendages related to them "in exactly the same way in which the ordinary limbs are related to the spinal vertebræ," and that in the main point all anatomists who have given serious attention to the subject, with one or two exceptions only, are "perfectly in accord with Oken"! We pass over comparisons between the vertebra and the annellus to consider the animal as a whole, and now we flatter ourselves we can quote a few conundrums that the reader will find rather difficult to answer: "What, it may be asked, is the significance of the ciliary processes of the curtain of the iris? of the pupil? What is the significance of the foramen of Sömmering?[1] What of the eyelids and eyelashes and eyebrows? What of the lens of the humors?" We, for our part, should give it up at once, but the author kindly helps us out. "What, indeed? Is it that the ball of the eye is subject to the same law as that which obliges the sea-urchin and many other radiate forms to open out at opposite poles, the pupil being the mouth and the foramen of Sömmering the rudiment of the vent? . . . Do the eyelids and eyelashes and eyebrows point to the outer ring or rings of tentacles, which in bryozoic polypes serve to close the orifice by a lid or operculum when the polype is withdrawn within its cell? . . . Does the chief chamber of the eye correspond to the stomachal character of the simple polype, and by implication to the visceral cavity of the higher animals, vertebrate and invertebrate; to cavities, that is to say, between which the very closest connection is easily traceable? . . . Is the polype type, thus revealed in the eye, inherent in every part of the body, appendicular and central? Does the hand of man open out into fingers and clasp upon another body because it remembers its relationship to the polype?" To these and other similar questions the author is inclined to reply in the affirmative.

In discussing the unity of force the author, we think, makes a stronger case; but still the visionary element is unduly prominent. In the chapter on instinct Dr. Radcliffe maintains that we might as well affirm that the heavenly bodies move by a life of their own as to say that the life of an animal exists solely in his body. He asserts that "nothing less will serve than to suppose that the phenomena of instinct are effects of a force which is as general as that of gravity, a force which may comprehend that of gravity, a force on

[1] The foramen of Sömmering is the old name for the transparent centre of the macula lutea of the retina.

which that which is vital and that which is physical may find a common centre." In spite of the attractiveness of much of the theorizing and the skill with which the views are presented, we lay the book down with a feeling of regret for the wasted force it represents. T. D.

HUTCHINSON'S PLATES OF CLINICAL SURGERY.[1]

The present number continues the subject of fracture of the skull. We may mention one case given in considerable detail, illustrating the fact that arachnitis over a large portion of one hemisphere may without actual compression induce paralysis of the opposite side, involving the face as well as the extremities. Another case shows the state of the eye in vaso-motor paralysis. An illustration of a compressed brain closes this fasciculus. The case was one of caries followed by a gradual collection of pus within the cranial cavity; as the brain and its membrane were perfectly healthy, opportunity was afforded to study the symptom of compression without injury. Mr. Hutchinson shows a preference occasionally in this series of fasciculi, which have thus far appeared to select unusual cases, presenting certain points of scientific interest, and displays great power of analysis as well as long training in clinical teaching. We shall hope soon to see some topics of more general interest, which the announcement has foreshadowed. These, although perhaps less worthy of his able pen, may prove more valuable to the student. To one interested in nice points in diagnosis the present number will be very readable.

THE MASSACHUSETTS BOARD OF SUPERVISORS OF STATISTICS.

The supervisors of statistics, a board established for one year by the legislature of 1877, consisting of the secretaries of the boards of education, agriculture, charities, and health, of the chief of the bureau of statistics of labor, and of the secretary of the commonwealth as chairman, have just presented their report. The board was directed, —

First, to devise a plan to be reported to the next legislature for securing uniform records in jails, prisons, asylums, and all penal and charitable institutions, that the fullest results from such sources may be realized.

Second, to consider and report to the next general court a bill for securing more accurate and reliable original entries, which form the basis of the registration reports.

Third, to consider and report to the next general court upon the expediency of consolidating under the supervision of one department of statistics the work of all departments, whose custom it is to present statistical matter, so far as it relates to statistics in any form.

No recommendation is at present given in regard to the first point, inasmuch as that has been made a matter of special inquiry by another commission on

[1] *Illustrations of Clinical Surgery, consisting of Plates, etc.* By Jonathan Hutchinson, F. R. C. S. Philadelphia: Lindsay and Blakiston. Fasciculus IX.

the reorganization of the charities of the State, but the subject is an important one, and will be fully considered in the future. The bill proposed for the improvement of the registration of vital statistics is of enough interest to physicians to be given here: —

Section 1. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk, or local registrar of statistics, or local board of health, to the undertaker, or sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chapter twenty-one of the General Statutes have been returned and recorded, and no clerk, or local registrar, or local board of health shall give such certificate or burial permit until the attending physician's certificate of the cause of death has been obtained and placed in the hands of said clerk, or local registrar, or local board of health, *provided*, that, on application, the chairman of the local board of health, or any physician employed by any city or town for such purpose, shall sign such certificate to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot, for good and sufficient reasons, be early enough obtained. In case of death by violence the medical examiner attending shall furnish the requisite medical certificate. Any persons violating the provisions of this section shall be punished by a fine not exceeding twenty-five dollars.

Section 2. This act shall take effect on the first day of May, eighteen hundred and seventy-eight, and all acts and parts of acts inconsistent herewith are hereby repealed.

When it is considered that physicians' certificates of causes of death are almost never got even in so large a city as New Bedford, and that such a violation of the spirit of the present law is by no means uncommon throughout the State, it may be seen that the recommendation of the board, for some better means of enforcing the law than the machinery now used, is an essential one. They expect to advise additional improvement, in the future. Indeed, ten successive enactments have been required in England to bring their registration up to the present standard of excellence.

In regard to the final and most important point, that of obtaining an efficient consolidation of statistical service, the continuation of the present board is advised, with the addition of the secretary of the prison commission. The bureau of statistics of labor is to be abolished, the new bureau taking its place. The chief is to receive a salary, the other members to serve without pay. The principal provisions of the bill are that the board shall meet at least once a month, that they may elect associate and advisory members; that the chief shall be appointed by the governor on the nomination of the board; that the bureau shall be the executive office for the collection and tabulation of all general statistical matter of the departments represented by its members; that the members shall have control and charge of the matter collected and of the manner of its presentation, and that local registrars of vital statistics may be appointed by the bureau, when the city or town clerks so serving fail to do their duty in a satisfactory manner.

The report is signed by all of the members except the chairman, who dissents from that portion which provides for the establishment of a bureau of statistics with an executive officer and a sufficient clerical force; he approves of the continuation in office of the present board, under whose advice all statistics should be collected, arranged, and presented to the legislature.

THE TREATMENT OF DRUNKENNESS.

That many forms of the intemperate use of alcohol are closely allied to insanity is a fact so well established that it need now only be stated; that it is often an acquired disease, and perhaps oftener results from congenital defect, is no less true; while it must be acknowledged that in many cases it is simply a crime. With the last class we need not here trouble ourselves further than to say that the present form and degree of punishment are neither deterrent nor curative. Something more is necessary to check the increase which is going on in this direction over most of the civilized world. With regard to those among whom drunkenness is only one of the many forms indicative of deterioration of stock, mental and physical, we can only take care that they injure society in the least degree practicable; that they bring down with them to poverty and dependence as few others as possible; that they propagate as few of their kind as may be; and that they drop out of the number who are fitted to survive as easily to themselves as they do harmlessly to others.

The strict licensing plan known as the Gothenburg system has had admirable success in reducing the sale of spirits and the amount of drunkenness in Sweden, as is natural; for many drunkards, like other weak people, can, as has been well said, get along pretty well with a little "boosting," and a strict license law, well enforced, gives them just that help which they need. The better police of Glasgow, since destroying several thousand "rookeries" and substituting for them decent lodging-houses, has resulted in an enormous decrease of all kinds of petty crimes, especially of drunkenness. Whipping and deprivation of civil rights have been suggested to meet the necessities of dealing with this class; the latter remedy has already been applied in France.

It is only with the clearly diseased and more hopeful class, however, that we have to do as physicians; and it is exceedingly important that we should discriminate most carefully in selecting those alone for any purely remedial treatment. Otherwise, our new method of cure will soon fall into disrepute. This matter is so important that inebriate asylums have been recommended by the American Medical Association, the American Association of Superintendents of Insane Asylums, the Massachusetts State Board of Health, by many of the first authorities in England, particularly during the parliamentary inquiry of 1872, and by a commission of our fellow citizens, consisting of Rev. Dr. A. A. Miner, Dr. George C. Shattuck, and Dr. John C. Tyler, appointed under ex-Mayor Cobb, whose period of service was conspicuous for intelligent progress in all directions.

Experience in this subject is meagre, is almost exclusively American, and has thus far dealt almost entirely with a class of persons who have a consider-

able degree of self-respect and self-control. In the admirable institution at Boston, Dr. Day estimates his permanent cures at thirty-three per cent.; good results have been obtained in Chicago and Philadelphia also; and in Binghamton, where the state law allows forcible detention of the patients, precisely as in insanity, there has been a large proportion of cures. That there are many relapses and many absolute failures to afford lasting relief must be acknowledged, but not to so large an extent, apparently, as in insanity.

Almost nothing has yet been done for the lower strata of society, who, when convicted of being intoxicated, are sentenced to our penal institutions. Whether their circumstances and surroundings and their own self-control are sufficient to maintain them in a state of sobriety, after having been once cured, must be ascertained by future experiment. But the opinion of many thoughtful and well-qualified persons is to the effect that such a result may be reasonably hoped for. Already a bill to provide for such treatment has been brought before the English Parliament, and it is to be hoped that our country will not be far behindhand in so excellent a movement. The present method of short confinements and fines is almost ridiculously inadequate for accomplishing any good result, while it degrades the prisoner in his own estimation and brings great suffering on his or her family, at the same time that the community is actually spending its money in such a way as to foster inebriety.

The Boston commissioners have done their work with great care and conscientiousness; their report embodies a careful consideration of the whole subject, a minute investigation of all the circumstances of the case, and a ripened experience, which entitle their conclusions to great weight. Their recommendation of asylum-treatment, with forcible detention, abundant employment, and all means calculated to stimulate and maintain self-respect, for the disease drunkenness, should commend itself to the careful attention of our city authorities. We cannot urge too strongly the importance of giving the experiment a fair trial. This is a subject in which the medical profession are properly expected by the community to take the lead; and it is to be hoped that the time will not be long before we can fully test any reasonable and well-matured plan to rid ourselves, even in some degree, of what promises to be, and indeed is, one of the greatest banes of modern civilized life.

OUR SEMI-CENTENNIAL ANNIVERSARY.

We would call the attention of our readers to the fact that the first number of the Journal was published fifty years ago this week, bearing the date February 19, 1828. It may be of interest to note the contents of that number. There are sixteen pages of matter arranged in double column, not including a lithographic plate printed upon a separate sheet which accompanies the leading article, entitled Cases of Neuralgia or Painful Affections of Nerves, by John C. Warren, M. D. The first page is headed with a wood-cut of the Massachusetts General Hospital, which adorns each number of the first volumes. The second article is a letter from Halifax describing the introduction of smallpox into that city, and illustrating the utility of revaccination, written by

Dr. Almon to Dr. Warren. Next follows a Medical Report of the Weather and Prevalent Diseases for the last Three Months, by John Gorham, M. D. A hospital report and a few selections from foreign journals are succeeded by an editorial explaining that this new journal is the offspring of the *New England Journal of Medicine and Surgery* and the *Boston Medical Intelligencer*.[1] There has been no interruption in the weekly issue from that time to this, and although it has passed through many vicissitudes, at one time having a circulation throughout the country, being the sole weekly, and at another nearly dying of inanition, it is now, we are happy to say, in an era of prosperity, for which it is largely indebted to the loyal support of the profession of New England of late years, and more particularly to the timely and valuable aid rendered by those gentlemen who now comprise the board of management, without whose assistance the present anniversary could scarcely have been reached. We hope the good-will of our readers will accompany us into the second half century of our existence.

MEDICAL NOTES.

— The last number of the *Edinburgh Medical and Surgical Journal* pays the following double compliment to the profession of this city. It says at the conclusion of a review: "Altogether, the Boston hospital reports, like the *Boston Medical Journal*, stand very high in the list of analogous productions on either side of the Atlantic."

— Dr. Doering, of the United States marine hospital service, writes to the *Chicago Medical Journal and Examiner* of February a reply to a previous editorial in that journal in which the statement was made that "in the marine and pension services surgeons and assistant surgeons become such by political preferment." He says: "Since the reorganization of the marine hospital service under the able administration of the surgeon-general, Dr. John M. Woodworth, every applicant for appointment has been obliged to undergo a rigid examination by a board of surgeons with reference to his professional and physical qualifications. The examination, which extends over a period of four days, is both written and oral, embracing all the branches of medicine, together with a clinical examination, both medical and surgical, at a hospital. As the examination is strictly competitive, the candidates are appointed according to the highest percentage. No appointment is made to a higher grade than assistant surgeon in the marine hospital service, and all vacancies which occur in the grade of surgeon are filled by promotion of assistant surgeons on the ground of merit and fitness only." We are happy to give publicity to this defense of so admirably conducted a department of the civil service.

— The *Philadelphia Druggist and Chemist*, a new journal, intended to be a connecting link between the physician and druggist, gives the news of the death in Paris of the Count de Kergaredec, who was the first to apply auscultation for the detection of the beat of the fœtal heart.

The same journal also announces the death of Caventou, the distinguished French chemist, at the age of eighty-two. To him medicine is indebted for very valuable remedies. In conjunction with other chemists he discovered

[1] The Journal, January 4, 1877, page 21.

strychnia in 1818, brucia and veratria in 1819, quinia and cinchonia in 1820, and caffein and theïn in 1821.

— A solution of nitrate or chloride of cobalt or chloride of copper mixed with a little gum and sugar produces a "magic ink" which is made visible by heat. The above journal suggests that it be called 'postal-card ink."

— A tempered variety of glass is now being successfully used in Europe in the manufacture of printers' type.

— A death from chloroform was averted in England recently by a prompt administration of the nitrite of amyl. The patient, a female, was nearly gone. All the ordinary remedies had been vainly tried. Nitrite of amyl was then poured upon lint and given by inhalation. In about ten seconds the face flushed, the pulse was again felt, and respiration was restored.

— Dr. Walter Channing, lately of the New York State Asylum for Insane Criminals, has been appointed first assistant physician for the new insane asylum at Danvers.

— Illinois can boast of two state medical directories. One, under the title of the Annual Medical Directory, is published by Dr. F. A. Emmons. A much neater and more useful little book is the Illinois State Medical Register, which appears to be the successor of the Chicago Medical Register and Directory, issued as a private enterprise in 1872 by Dr. T. D. Fitch and Dr. Norman Bridge. The present edition includes the entire State, and has everything of interest relating to the medical profession of Illinois. It is edited by Dr. D. W. Graham. We think these directories, when carefully prepared, of great value. We hope that when each State has perfected its register they may be all combined in one volume.

— The annual report of Surgeon-General W. Grier, of the United States navy, to the secretary of the navy, has lately appeared. He calls attention to the inadequate appropriation for the support of our naval hospitals, which are nowhere so comfortable as hospitals should be, and in many cases are in a very defective condition. The naval fund, which in 1868 amounted to nearly half a million of dollars, has been absorbed, and it will be necessary to make a large annual appropriation, as the receipts of the fund are now so small as to be hardly sufficient to support one of the larger hospitals. Instruction in hygiene, chemical manipulation, and microscopy is thought necessary for assistant surgeons previous to their promotion, and it is suggested that they be ordered to the hospital at New York for this purpose.

— In the *Buffalo Medical and Surgical Journal* we find that the *British and Foreign Medico-Chirurgical Review* says: "We warmly congratulate the profession of the United States on their good fortune in possessing so able a bibliographer as Dr. Billings, who has the intellect to appreciate the importance of a great public medical library, and the enthusiasm and diligence sufficient to overcome the endless difficulties met with in the formation and management of such a collection. Surely his efforts and his great success will have a reflex action on European, especially on English, librarians. Nowhere are there such numerous opportunities for buying rare and curious books and manuscripts as in the London auction rooms, yet no use seems to be made of them by any of the London medical libraries at the present time."

— The twenty-fourth Registration Report of Rhode Island, like those of preceding years, although containing indications that in some places the registration is defective, as is commonly the case in our States, is yet one of our most creditable sanitary documents, and shows to how great a degree skillful compilation and editing may counterbalance defects in the original entries. Dr. Snow concludes from Dr. Caswell's observations, continued during forty-five years, that it may be said in general terms that some diseases are more prevalent and fatal in warm weather, and others in cold weather; but if we go beyond this and endeavor to establish any rule of connection between the mortality from any disease and any special meteorological conditions as recorded, we are at once met with marked exceptions, and perhaps find that they are more numerous than the observances of the rule. Continued heat to an excessive degree is admitted by Dr. Caswell to increase the mortality from diarrhœal diseases, — a fact which Dr. Snow is inclined to consider not proven of heat alone. In 1876, the birth-rate was less than for any other year since 1870, the marriage-rate less than at any time since 1868, and the death-rate the least for five years. In the mortality lists for the three years 1874, 1875, 1876, "consumption" stands always at the head, cholera infantum third; pneumonia and congestion of the lungs fourth in 1874, second in 1875 and 1876; old age fifth in 1874, fourth in 1875 and 1876; diseases of the heart, convulsions, and fits, occupy high places; scarlet fever is second in 1874, sixth in 1875, thirteenth in 1876; typhoid fever stands eighth twice, and seventh once; accidents, ninth each year; croup, twelfth and eleventh; diphtheria is thirteenth in 1874, is not given in the list of the first thirteen causes in 1875, stands seventh in 1876, and has undoubtedly been much more fatal (next to consumption, Dr. Snow thinks) in 1877. Croup and diphtheria are considered together in the report, as usual; not, however, "from any suspicion that the two diseases are identical, but rather for the purpose of showing, by the contrast of the statistics, that they are separate and distinct diseases."

DR. L. P. YANDELL.

Mr. Editor, — Dr. Lunsford P. Yandell died in Louisville, Ky., February 4th, of acute pneumonia. He was one of the ablest of the medical men of the West. He was born July 5, 1805. He died in the seventy-third year of his age. His father was an eminent physician. He himself studied for a time at Lexington, Ky., and subsequently graduated at Baltimore in 1825. At the age of twenty-three he was chosen professor of chemistry at the Transylvania School of Medicine at Lexington, then the chief school in the Mississippi Valley. Among his colleagues were those eminent men Dudley, Drake, and Caldwell. In 1837 he went to Louisville, and with Cook and Drake founded the University of Louisville. He became one of its active and able supporters. He was a man of varied learning, and his house was resorted to by American and foreign scientific men; Lyell of London, Verneuil of France, and Roemer of Germany were his guests when they visited Louisville. He wrote freely and vigorously, not only on medicine but on other allied sciences. Jointly with Professor Schuman he published a report on the geology of Ken-

tucky. He had collected perhaps the finest private geological cabinet in the State. For some time he was editor of *The Western Medical Journal.* Biography also interested him. At the time of his death he was engaged in preparing a volume containing sketches of the lives of several of the great medical men of Kentucky and the West. In 1857 he removed to Memphis, and took the chair of professor of the theory and practice of medicine in the medical school of that place. In 1863 and 1864 he was pastor of a Congregational church in Memphis. In 1867, resigning these public duties, he returned to Louisville and to the practice of medicine, occasionally also preaching. In 1872 he became president of the College of Physicians and Surgeons, in Louisville, and in 1877 he was unanimously chosen president of the Kentucky State Medical Society. He died while holding this office.

Thus for about fifty years Dr. Yandell has held a most conspicuous position in this country. As a writer on medicine and natural history his career has been most honorable. As a practitioner of medicine he was highly successful and beloved by his patients for his energy, cordiality, and sympathetic manners.

Those Eastern physicians who were at the delightful meeting of the American Medical Association held in Louisville about two years since will well remember his tall, thin frame, his face beaming with intelligence and good humor, and his elastic step. He seemed, in fact, the embodiment of an old man who, reverencing the hopeful dreams of his youth, had thereby kept himself alive and keenly appreciative of the work of the present day. His loss will personally be felt by a wide circle of friends. The doings of the citizens and his medical associates at Louisville at the time of his funeral show the high respect in which he was held by the community in which he lived. B.

LETTER FROM NEW YORK.

Mr. Editor, — In my last letter I mentioned the fact that the County Medical Society had appointed a new committee, namely, one on ethics. Like all such newly appointed bodies its members wished to demonstrate both the necessity for their appointment and their ability to act, so some one must be found who had violated the code of medical ethics. The *Medical Record*, some weeks ago, in an editorial, criticised the action of certain medical gentlemen because their names appeared in the public papers as recommending the Apollinaris and Hunyadi János mineral waters, as being contrary to the code of ethics and unprofessional; in fact it was advertising and the writer demanded that the County Medical Society should take action thereon. Letters were written to these gentlemen requesting that they would withdraw their names from such recommendations, and intimating that unless it were done the subject would be brought before the society. By some means the above facts got to the ears of a reporter of the *New York Times*, and forthwith two of these gentlemen were interviewed, and the result was a sensational article in the *Times* on a Row in the County Medical Society, etc., in which these two gentlemen are reported as using language at least not very dignified. Not-

withstanding the great indignation of the *Record* at this breach of medical ethics the advertisements with the recommendations still occupied a prominent place in the paper.

At the last meeting of the society a long report was read from the committee on ethics, congratulating the society that these men had withdrawn their names without any action on the part of the society. It seems from the statement of the committee that it was a small matter to make a written report upon, especially as it was said the letters written were not official. The medical profession in New York is to be congratulated that the above was the most flagrant violation of the code which the committee was able to find.

It is within the remembrance of many that some years ago a certain medical gentleman wrote an article, over his initials, in an evening journal having one of the largest circulations as a family paper in the city, on the treatment of diphtheria, and the statement was made that unless a certain medicine was used the case had not been properly treated, and if I am not greatly mistaken this was criticised as a mode of advertising, in the *Record*. It is the general opinion that had these gentlemen refused to withdraw their names the society could not have forced them. The whole affair has been made too much of, and has not added to the credit of the society.

The Board of Health has lately got into court for a seeming want of common care. It appears that some time ago a woman was taken from her home by order of the board, and conveyed to the Small-Pox Hospital, when she only had measles. It appears that no medical examination was held before her removal. She was placed in an open shed, and obliged to remain in the company of small-pox patients. After being conveyed to the Small-Pox Hospital on Blackwell's Island her disease was pronounced to be measles by the physician in charge. She was not allowed to return to her home, but was sent to another hospital. She now brings a suit against the mayor, etc., for ten thousand dollars. In some remarks the court held: . . . "that an act of an unlawful nature was shown to have been perpetrated by the officers and agents of the defendant, and for them and to the extent the plaintiff was injured by them they should be held to be legally liable. It is seldom that so grave a wrong is ever alleged against public agents and officials, and if it exist it should be criminally punished as well as civilly redressed. The public has such an interest in the case as should lead to its vindication for the protection of others who may be in danger of similar abuses of authority."

There has been for some time considerable complaint from physicians in regard to the arbitrary way in which the Board of Health acts, and this is not the only case where it has been open to severe censure. Death certificates are often returned for some fanciful irregularity and often from ignorance on the part of some of the officers. I have known a certificate of death secondary to a glioma to be returned with an inquiry as to what it was.

Dr. Peaslee's death has caused a vacancy in the attending staff of the Woman's Hospital of the State of New York which it will be hard to fill. Already there are plenty of applicants, but as yet the medical board has made no nominations. The chair of gynæcology at Bellevue Hospital Medical Col-

lege, which was created for Dr. Peaslee, will probably be abolished, and the duties be performed by Dr. Lusk, professor of obstetrics.

The commissioners of charities and correction have just completed a maternity hospital on Blackwell's Island. They have placed it about half a mile from Charity Hospital. It consists of two distinct wooden pavilions, one story high, containing two wards each, with twelve beds in a ward, separated by a narrow passage-way with rooms on either side. It was built on a plan proposed by the author of the Boylston Prize Essay on Hospitals, and is about as inconvenient for the attendants as it could be made. The wards are large, airy, and well lighted, ventilated by transoms over each window, and heated by large stoves in the ward. Between the two wards is a small dining-room poorly supplied with water, a pantry, and nurses' room. The kitchen is in the basement of one of the buildings, and is wholly inadequate for the purpose. I understand that the buildings were all ready for occupation when it was discovered that no provision had been made for cooking. A maternity hospital should be provided in the city, as it is, at times, almost impossible to reach the Island in bad weather, and even in pleasant weather it takes considerable time to get to the hospital. Maternity wards in general hospitals have been found to become, sooner or later, infected with puerperal fever, and have had to be moved. Whether it will be possible to prevent its development in the present hospital remains to be seen. It would seem that smaller and more isolated wards would have diminished the danger from that source. I believe that the plan of the building does not meet the views of the attending staff, but this is a secondary consideration in the eyes of the commissioners, who always carry out their own ideas without consulting the attending physicians.

Every two years there usually occurs a vacancy in the quarantine department from the retirement of the medical officer, and as often there is a great scramble for the place. It is the most lucrative position in the gift of the governor of the State. It is said to be worth sixty thousand dollars a year from legitimate fees, and there are plenty of men who are perfectly willing to sacrifice their private practice in order to serve the State on the above terms. At times the position has been abused, and exorbitant fees demanded and received, not to say anything about vessels which have been allowed for a consideration to come up to the city with contagious disease on board. The present incumbent has held the position for four years, and has never had a word said against the manner in which he has fulfilled his duties. He now wishes to resume his private practice, but the governor who nominates and the senate who confirm the nomination do not seem to be of the same mind on this question. Dr. Austin Flint, Jr., has been nominated three times for the position of health officer, and each time he has either been rejected or his name has been withdrawn, the trouble being that the executive is democratic and the senate republican in politics. There is no question as to the ability of the gentleman to fill the position. I suppose that the present incumbent will hold over until the governor and the senate can agree. In the mean time the city does not suffer.